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Roster of Editorial Board appears in this issue at beginning of California Medical Association department. (For page number of C.M.A. department, see index below.)

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Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its offices requesting a copy of this leaflet.

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EDITORIALS

VI. PROPOSALS FOR A COMPULSORY SICKNESS INSURANCE LAW FOR CALIFORNIA

(Continued)

Why the Comments and Items on Proposed Compulsory Sickness Insurance Laws Have Been Continued.—The leading editorial of each issue of CALIFORNIA AND WESTERN MEDICINE, for the last six months, has received the above caption, since the subject is one of immediate and paramount interest, both to physicians and the public of California. Previous comments have endeavored to present a skeleton outline concerning the month to month status of proposed sickness insurance laws now pending in the current 56th California Legislature, through which the proponents were hoping to bring into operation a system of compulsory medical and hospitalization service.

In addition to the above discussions, a considerable amount of space has been allocated to press items in which the views of proponents and opponents of the statutes submitted were portrayed. This policy is continued in the current issue since, in controversial issues, it is important not only to evaluate one's own opinions regarding modes of action, but also to appreciate and consider the arguments and contentions put forth by opposition groups.

If the arguments of the opposition have merit, that fact should be recognized and accepted, and one's own course of action, modified. If, however, no such merit or advantages are found in the statements of the opposing forces, it should make us only the more determined in efforts to attain our own objectives.

* * *

Future Sickness Legislation.—With the large amount of thought now being given to the problem of securing adequate medical care for all classes of citizens, we must realize it is only a matter of time when remedial procedures designed to overcome deficiencies which may now exist in the distribution of medical care, will be brought into being.

On the other hand, illness among lower income groups of citizens, especially when combined with financial and other deficiencies of modern-day living, can easily lead to the exploitation by theorists and well meaning groups or individuals, of supposed remedial legislation that has its basis in transient emotionalism, rather than upon sound actuarial or healing art experience. Also, it is understandable that those who have undergone the